

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H64901** (2)

1. Corporation Name

PREMIERE IMPORTS, INC.



Principal Place of Business

**5544 OKEECHOBEE BLVD.
W.PALM BCH. FL 33417**

Mailing Address

**5544 OKEECHOBEE BLVD.
W.PALM BCH. FL 33417**

2. Principal Place of Business

2a. Mailing Address

21 **4000 Okeechobee Blvd**

26 **4000 Okeechobee Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **West Palm Beach Fl**

28 **West Palm Beach Fl**

Zip

Country

Zip

Country

24 **33409**

25 **Palm Beach**

29 **33409**

30 **Palm Beach**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/02/1985

3a. Date of Last Report

03/30/1995

4. FEI Number

59-2546734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**BASTIN, RICHARD E.
5544 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4000 Okeechobee Boulevard

83

84 City **West Palm Beach**

FL

85 Zip Code
33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and officer, if applicable.

(If Only Registered Agent's Signature, Registered Agent is Notifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P BASTIN, RICHARD E.**
STREET ADDRESS **5544 OKEECHOBEE BLVD.**
CITY-ST-ZIP **W.PALM BCH. FL**

TITLE ☐ DELETE

NAME **ST BASTIN, MARY LEE**
STREET ADDRESS **5544 OKEECHOBEE BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **4000 Okeechobee Boulevard**
14 CITY-ST-ZIP **West Palm Beach Fl 33409**

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **4000 Okeechobee Boulevard**
24 CITY-ST-ZIP **West Palm Beach Fl 33409**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4/22/96 407 689 6343
Date Day/Mo/Year

CR2E034 (12/95)